

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SP		6.4.01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T.A	J. CRY	07/27/01
RESPONSE FORMALITY REVIEW	LI	1106	1/14/02

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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858 7/28  
858 7/14